

**CITY OF BURBANK  
FISCAL YEAR (FY) 2015-2016  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM  
REQUEST FOR PROPOSALS**

**General Instructions**

Please ensure that your Proposal submission(s) includes:

- Two legible and complete proposals and exhibits. The City reserves the right to return and/or reject late and/or incomplete proposals.
- Submit one complete copy in electronic format, such as CD or external hard drive.
- Delivery to the address specified below by the deadline. No e-mailed or faxed proposals will be accepted. It is the responsibility of the proposer to ensure their proposal(s) was received by the City of Burbank by or before the due date.

Your submission must be received no later than Tuesday, February 17, 2015, by 5:00 p.m.

Proposals may be submitted at:

City of Burbank  
Community Development Department  
150 N. Third Street, 2<sup>nd</sup> Floor  
Burbank, CA 91502  
Attn: Marcos Gonzalez

**Who Is Eligible To Apply?**

Funds are available to City of Burbank departments; non-profit, for-profit, and faith-based organizations; and Community Based Development Organizations.

**CDBG Requirements**

All projects and activities must either principally benefit low and moderate-income persons, or aid in the prevention or elimination of slums and blight, or meet other community needs having a particular urgency. In addition, the proposed projects and activities must show consistency with the City's Consolidated Plan. To view the document, please visit the City's website at:

<http://www.burbankca.gov/departments/community-development/housing-economic-development/housing/community-development-block-grant>

**Benefit to Low and Moderate-Income Persons or Households**

In order for an activity to be considered as a benefit to low and moderate-income persons or households, it must comply with one or more of the following CDBG National Objectives.

1. Area Benefit – An activity, the benefits of which are available to all the residents in a particular area, where at least 51 percent of the residents are low to moderate-income persons.
2. Limited Clientele Activities – An activity which benefits a limited clientele, at least 51 percent of whom are low to moderate-income persons.
3. Housing Activities – An eligible activity carried out for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low to moderate-income households.

4. Job creation or retention activities – An activity designed to create or retain permanent jobs where at least 51 percent of the jobs, computed on a full time equivalent basis, involve the employment of low to moderate-income persons.

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**Documenting National Objectives**

CDBG sub-recipients must document the results of their activity or programs as it relates to a National Objective. For public service programs and housing activities, income documentation must be maintained on each client served. The current gross annual income limits for Los Angeles County are provided in Exhibit C.

**Eligible Activities**

1. Acquisition – in whole or in part by the sub-recipient, or other public or private nonprofit entity, by purchase, long-term lease, donation of real property for any public purpose subject to limitations under ineligible activities.
2. Public Facilities and Improvements - acquisition, construction, reconstruction, or installation of public facilities and improvements.
3. Clearance Activities - clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites.
4. Public Services - directed toward improving the community's public services, including employment, crime prevention, child care, health, drug abuse, education, energy conservation, welfare or recreational needs.
5. Relocation - relocation payments and assistance for permanently or temporarily displaced individuals, families, businesses, and nonprofit organizations.
6. Accessibility for the Elderly and/or Disabled - special projects directed to improved mobility and accessibility of elderly and handicapped to publicly owned and privately owned buildings, facilities, and improvements.
7. Rehabilitation – rehabilitation of structures only to the extent that those structures are used for conducting eligible activities; and rehabilitation of privately owned residential buildings.
8. Code Enforcement - code enforcement in deteriorating or deteriorated areas where such enforcement together with public improvements, rehabilitation, and services to be provided, may be expected to arrest the decline of the area.
9. Historic Preservation - CDBG funding may be used for the rehabilitation, preservation, and restoration of historic properties, whether publicly or privately owned.
10. Economic Development Activities – acquiring, constructing, reconstructing rehabilitating, or installing commercial or industrial buildings, structures, and other real property equipment and improvements; assisting a private or for-profit business by means of grants, loans, loan guarantees and technical assistance; and providing economic development services in an economic development project.

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**Ineligible Activities**

1. Buildings, or portions thereof used predominantly for the general conduct of government (except for accessibility or historic preservation);
2. General government expenses;
3. Political activities;
4. Purchase of office and construction equipment;
5. Furnishings and personal property;
7. Operating and maintenance expenses;
8. New housing construction; and
9. Income payments.

**Insurance Requirements**

A sub-recipient shall provide and maintain at its own expense the following insurance coverage throughout the term of this Contract, and the sub-recipient shall provide City with proof of the same:

- General Liability and Property Damage Insurance indemnifying the City of Burbank against the sub-recipient's operations and/or its services.
- A sub-recipient shall maintain general liability insurance and property damage insurance in the amount of \$1,000,000 (combined single limit), unless a reduction is approved by the City.

**Exhibits**

1. Exhibit A – Project/ Program Summary. Please use Exhibit A to provide a project/program summary, activities to be undertaken, location of services, beneficiaries, administration, and project/program consistency with current City Council goals/objectives.
2. Exhibit B – Project/Program Costs. Please use Exhibit B to provide a complete project/program cost and description of all available funding sources.
3. Exhibit C – Reference Material: Gross Income Limits (2014-2015). Please refer to Exhibit C for the annual income limits applicable for public services and capital project beneficiaries.

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**Exhibit A – Project/Program Summary**

Operating Agency: \_\_\_\_\_

Project Name: \_\_\_\_\_

Program Selection: (If an entity is considering in applying for multiple programs, an individual proposal must be submitted separately for each activity.)

- |  |   |
|--|---|
| <input type="checkbox"/> Capital Project <sup>1</sup><br><input type="checkbox"/> New Project<br><input type="checkbox"/> Multi-year Project | <input type="checkbox"/> Special Economic Development <sup>2</sup><br><input type="checkbox"/> New Project<br><input type="checkbox"/> Multi-year Project |
| <input type="checkbox"/> Public Service <sup>3</sup><br><input type="checkbox"/> New Program<br><input type="checkbox"/> Year-round Program  |   |

Type of Operating Agency:

- ☐ City department: \_\_\_\_\_
- ☐ Non-Profit or For-Profit Organization \_\_\_\_\_
- ☐ Sponsor/Contractor \_\_\_\_\_
- ☐ Faith-Based Organization \_\_\_\_\_
- ☐ Community Development Based Organization \_\_\_\_\_

Total Amount Requested for the fiscal year: \$ \_\_\_\_\_  
(The City's fiscal year is July 1 – June 30.)

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**1. Program/Project Description:**

Briefly describe the program/project you intend to operate, including all major activities to be undertaken.

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<sup>1</sup> Capital projects are considered to be activities related to housing rehabilitation, real property activities, public facility improvements, construction activities, and code enforcement.

<sup>2</sup> Special Economic Development activities are considered to be commercial and industrial building acquisition, construction, and improvements; and provision of assistance in the form of loans, grants, and technical assistance to a private for-profit business for the benefit of low to moderate-income persons.

<sup>3</sup> Public Services are considered to be activities related to job training, employment services, health care, substance abuse services, child care, crime prevention, and fair housing counseling.

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**Exhibit A – Project/Program Summary**

**2. Program/Project Location:**

Indicate the address of your business. For Public Service Programs, please identify if the business address is the same location where services will be provided? ☐ Yes ☐ No.

Business or Mailing Address: \_\_\_\_\_

Suite Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If you answered, No, please identify the area of service (schools, community centers, city-wide, etc.), including the site address if applicable. A map identifying the program/project location must be submitted.

Site Address: \_\_\_\_\_

Suite Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**3. Program/Project Beneficiaries:**

Please specify the group, persons, families, or individuals your program or project intends to target. Please mark all possible beneficiaries.

- |  |  |
|--|--|
| <input type="checkbox"/> At-risk of homelessness             | <input type="checkbox"/> Veterans                        |
| <input type="checkbox"/> Seniors (55 years of age and older) | <input type="checkbox"/> Families with children          |
| <input type="checkbox"/> Unemployed                          | <input type="checkbox"/> Youth or young adults           |
| <input type="checkbox"/> Disabled persons                    | <input type="checkbox"/> Immigrant individuals/families  |
| <input type="checkbox"/> Mixed-income population             | <input type="checkbox"/> Chronically homeless            |
| <input type="checkbox"/> Non-Burbank residents               | <input type="checkbox"/> Distressed homeowner's/renter's |
| <input type="checkbox"/> Other                               | <input type="checkbox"/> Formerly incarcerated           |

If you marked "other", please provide a description: \_\_\_\_\_

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**Exhibit A – Project/Program Summary**

**4. Program/Project Delivery Area:**

Please specify if the program or project will be available in any of the following areas.

- ☐ City-wide                                      ☐ Focus Neighborhoods    ☐ Other  
☐ Burbank Unified School District    ☐ Day Care Centers  
☐ Parks and Recreational Centers    ☐ Hospitals/Emergency centers

Please explain the delivery area(s) that best describe your program: \_\_\_\_\_

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**5. Measurable Outcome:**

Please describe the manner in which your program or project proposal for FY 2015-2016 will serve your target population. For public service proposals, please quantify how CDBG funding will achieve successful outcomes. For capital project proposals, please quantify how CDBG funding impacts a neighborhood, a program, or construction.

Please indicate the total number of participants (non-duplicative participants) assisted with the use of CDBG funding and the amount expended, if applicable, by year.

<u>Fiscal Year</u>	<u>Participant Total</u>	<u>Amount of CDBG Funding Expended</u>
2015-2016	_____ (projected)	\$ _____
2014-2015	_____	\$ _____
2013-2014	_____	\$ _____
2012-2013	_____	\$ _____
2011-2012	_____	\$ _____

**6. Program/Project Administration:** Please identify if your agency will be offering opportunities for the following program/project administration activities as it relates to the program/activity.

- ☐ Procurement                      ☐ Construction/Project Management    ☐ Underwriting/Grant Services  
☐ Relocation                      ☐ Reporting/Monitoring Services  
☐ Consultants (please describe below)

Architect \_\_\_\_\_

Surveyor \_\_\_\_\_

Engineer \_\_\_\_\_

Other \_\_\_\_\_

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**Exhibit A – Project/Program Summary**

7. Please identify the estimated administrative cost(s) associated with the delivery of the proposed program or activity. \$ \_\_\_\_\_
8. Was the Program/Project administration cost factored into your CDBG grant request?
- ☐ Yes or ☐ No
9. City Consolidated Plan Goals/Objectives:  
Please identify and explain how your proposed project or activity is consistent with City's Consolidated Plan for FY 2013/14 – 2017/18.
- Please mark all that apply:
- ☐ Sustain and Strengthen Neighborhoods
  - ☐ Preserve Existing Affordable Housing
  - ☐ Homelessness
  - ☐ Public Facilities
  - ☐ Infrastructure Improvements
  - ☐ Public Services/Community Services
  - ☐ Economic Development

Narrative Required (Maximum two pages):



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**Exhibit B – Project/Program Costs**

Operating Agency:\_\_\_\_\_

Project Name:\_\_\_\_\_

1. Please provide the total estimated project/program costs:

Administration (soft costs):	\$ _____
Supportive Service Costs:	\$ _____
Cost of Personnel:	\$ _____
Capital Project Costs:	\$ _____
<b>Total Cost:</b>	\$ _____

2. Available Funding Sources: Please describe all projected funding sources, contributions, or program revenue available to the proposed program/project during FY 2015-2016. Please exclude the FY 2015-2016 CDBG grant request.

Available Funding Resources	Amount
Private Donations/Fundraising:	\$ _____
Grants:	
<i>state:</i>	\$ _____
<i>federal:</i>	\$ _____
<i>local:</i>	\$ _____
<i>foundations:</i>	\$ _____
Program Revenue:	\$ _____
Other:	\$ _____
<b>Total Estimated Available Funding</b>	<b>\$ _____</b>

3. Does the operating agency have the financial stability in administering the proposed program or activity beyond CDBG funding? ☐ Yes or ☐ No.
4. If you answered, yes, please describe for how long?\_\_\_\_\_

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**Exhibit B – Project/Program Costs**

Please describe the estimated total cost for the project/program in columns A and B. In addition, include the proposed CDBG Share of Cost in Column C.

<b>COST CATEGORY (A)</b>	<b>TOTAL COST (B)</b>	<b>CDBG SHARE OF COST (C)</b>
<b>PERSONNEL SERVICES:</b> Please provide a breakdown of the total number of personal needed to operate the program/project and program duration: Part-Time Personnel No.: _____  Full-Time Personnel No.: _____  Duration of Program: _____(months)	Job Title: _____  _____  Hours per week: _____  Rate of Pay: _____  Total Cost:	Job Title: _____  _____  Hours per week: _____  Rate of Pay: _____  Total Cost:
<b>NON-PERSONNEL SERVICES:</b>		
Travel	\$	\$
Space (lease of building/office)	\$	\$
Equipment/Supplies (rental only)	\$	\$
Consultants/Fees	\$	\$
Professional Services	\$	\$
Emergency Services	\$	\$
Other (Specify)	\$	\$
<b>CAPITAL PROJECTS:</b>		
Property Acquisition	\$	\$
Construction and Improvements	\$	\$
Rehabilitation	\$	\$
Relocation	\$	\$
Other (Specify)	\$	\$
<b>TOTALS:</b>	\$	\$

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**Exhibit C - Gross Income Limits (Los Angeles County Area 2014-2015)**

The following are the Gross Annual Income Limits which apply to direct benefit activities, such as housing activities and public services.

Number of Persons Per Family		Very Low Income 30% and 50% of Median		Lower Income 80% of Median
1	\$	17,150	28,550	45,650
2		19,600	32,600	52,200
3		22,050	36,700	58,700
4		24,450	40,750	65,200
5		26,450	44,050	70,450
6		28,400	47,300	75,650
7		30,350	50,550	80,850
8		32,300	53,800	86,100